



TOWN LEGAL DEPARTMENT  
113 W. COLUMBIA AVENUE

TOWN CLERK'S DEPARTMENT  
135 W. COLUMBIA AVENUE

P.O. Box 397 • TELLURIDE, CO 81435  
OFFICE: (970) 728-2153 ☎ FAX: (970) 728-3078

## **RETAIL MARIJUANA LICENSE INDIVIDUAL HISTORY RECORD**

**PLEASE PROVIDE COPIES OF THIS INDIVIDUAL HISTORY RECORD AND HAVE IT COMPLETED BY THE FOLLOWING:**

- **EACH INDIVIDUAL APPLICANT**
- **ALL OFFICERS AND DIRECTORS OF A CORPORATION AND STOCKHOLDERS OWNING 5% OR MORE OF THE STOCK OF SUCH CORPORATION AND ANY PERSON WHO HAS DAY TO DAY AUTHORITY TO OR ACTUALLY DOES MANAGE THE CORPORATION'S FINANCES**
- **ALL MEMBERS OF A LIMITED LIABILITY COMPANY AND ANY PERSON WHO HAS DAY TO DAY AUTHORITY TO OR ACTUALLY DOES MANAGE THE ENTITY'S FINANCES**
- **ALL GENERAL PARTNERS OF A PARTNERSHIP OR LIMITED PARTNERS WHO HAVE A 5% OR GREATER INTEREST IN THE PARTNERSHIP AND ANY PERSON WHO HAS DAY TO DAY AUTHORITY TO OR ACTUALLY DOES MANAGE THE PARTNERSHIP'S FINANCES**
- **ANY AND ALL EMPLOYEES OF THE PROPOSED OR LICENSED RETAIL MARIJUANA ESTABLISHMENT.**

NOTICE: This individual history record provides basic information that is necessary for the Town of Telluride Retail Marijuana Licensing Authority and required background investigation. All questions, if applicable, must be answered in their entirety or the application may be delayed or not processed. EVERY answer given will be checked for its veracity. A deliberate falsehood, omission or misrepresentation will jeopardize the application and such falsehood, omission or misrepresentation will itself constitutes evidence regarding the character of the applicant.

NOTICE: Each individual must also arrange with the Telluride Marshal's Office at 134 South Spruce Street, Telluride, Colorado to have their fingerprints taken. Failure to have your fingerprints taken may delay or result in this application not being processed.

☐ Check in the amount of \$49.50 made payable to the Town of Telluride

☐ Copy of current driver's license

1) Your Name: \_\_\_\_\_

2) Employer: \_\_\_\_\_

3) Current Physical Address of Residence: \_\_\_\_\_

\_\_\_\_\_

4) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

5) Telephone Number: \_\_\_\_\_

6) List previous residence addresses for the past five (5) years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) List any other names you have used in your lifetime to refer to yourself

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For the following questions, answer only those questions that apply to your status as either applicant, a principal, the registered manager or an employee of the proposed Retail Marijuana establishment. Please add additional pages if you need to explain your answer.**

8) Has the applicant, principal, registered manager or employee been determined by any retail marijuana licensing authority, any other licensing board within the State, or the Colorado Department of Revenue to not be persons of good character and record within the preceding three (3) years? \_\_ Yes \_\_ No

9) Has the applicant, principal, registered manager or employee discharged a sentence for

any felony in the five (5) years immediately preceding the application? ☐ Yes ☐ No

- 10) Has the applicant, principal, registered manager or employee been convicted of a felony pursuant to state or federal law regarding the possession, distribution, of use of a controlled substance? ☐ Yes ☐ No
- 11) Has the applicant, principal or registered manager held an interest in any liquor license, medical marijuana license, or other license issued by any Town, County, or State that has been revoked, suspended, or fined within the preceding two (2) years? ☐ Yes ☐ No
- 12) Is the applicant, principal, or employee in default on any Town, County, State or Federal taxes, fees, fines, or charges? ☐ Yes ☐ No
- 13) Does the applicant, principal, or employee have any outstanding warrants for their arrest? ☐ Yes ☐ No
- 14) Does the applicant, principal, or employee have any outstanding liens, judgments or owe any money payable to the Town? ☐ Yes ☐ No
- 15) Is the applicant or principal a sheriff, deputy sheriff, police officer or prosecuting officer, or an officer or employee of the state licensing authority or a local licensing authority? ☐ Yes ☐ No
- 16) Does the applicant or principal have an ownership or financial interest in more than one other license issued in the Town of Telluride? ☐ Yes ☐ No

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, law enforcement authorities and the Town of Telluride from any liability for any damages whatsoever for releasing this information.

\_\_\_\_ Initial

I understand that the employees of the proposed Retail Marijuana establishment, including the Applicant or entity applying for this license, may be subject to prosecution under federal law.

\_\_\_\_ Initial

I understand that the Town of Telluride, Colorado accepts no legal liability in connection with the approval and subsequent operation of the proposed applied Retail Marijuana Facility. I hereby release the Town of Telluride, Colorado, Town employees and elected/appointed officials from any and all liability in connection with the proposed approval and subsequent operation of the applied for Retail Marijuana Facility.

\_\_\_\_ Initial

I agree and authorize that Service of Process may be made upon any employee on behalf of myself, all owners, officers, directors, partners, managing members, business managers, financiers, primary caregivers and any other individual or entity that own any percentage of Applicant.

\_\_\_\_\_ Initial

UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, I ATTEST THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF COLORADO                    )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_

WITNESS my hand and official seal. My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature